57393 CALIFORNIA HAZARDOUS WASTE MANIFEST 1 Manifest 0 1 5 -State Department of Health Services See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Number Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 SFUND RECORDS CTR GENERATOR (Generator Must Complete) (4) Alternate TSD Facility Designated TSD Facility (Authorized to operate under an approved state program or federal program) 999000921 ALUMINUM COMPANY OF AMERICA Name CHEMICAL WASTE MANAGEMENT INC. (2) Name <u>VERNON WORKS</u> OPERATING INDUSTRIES. INC. C A T 0 0 0 6 C A D O B O O 1 2 D 6 1 1 | D | O | 7 | 14 | EPA NO. EPA NO. FPA NO Address 5151 Alcoa Ave. Phone No. 588-6141 Address 900 N. Potrero Grande Dr. P.O. Box 1104, 430 W. Elm Ave. Address Monterey Park, Ca. Coalinga, Ca. 93210 Vernon, Ca. 90058 CiVv. State. Zip City, State, Zip U.S. DOT UN/NA WEIGHT OR (5) U.S. DOT PROPER SHIPPING NAME UNITS CONTAINERS NUMBER: TYPE: DRUMS BAGS CARTONS WASTE ☐ TANK TRUCK ☐ DUMP TRUCK WASTE ☐ OTHER (8) GENERATING PROCESS Aluminum Fabrication _ (7) EX. HAZ. WASTE PERMIT NO. ____ (6) WASTE CATEGORY #7 CONC. RANGE LIST COMPONENTS: UNITS □ % □ ppm. □ % □ ppm. B. _____ □ % □ ppm. □ % □ ppm. □ % □ ppm. □ % □ ppm. Non Hazardous Material 100 % □ % □ ppm. (10) WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable ☐ Reactive ☐ Corrosive/Irritant ☐ Sensitizer ☐ Carcinogen/Mutagen □X_{Other} Aluminum Oxides & Water Slurry (11) PHYSICAL STATE: 🔲 Solid X Liquid ☐X Sludge ☐ Gas SPECIAL HANDLING INSTRUCTIONS:

Gloves ☐ Goggles Respirator ☐ Other GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) ASBURY OIL CO. (14) NAME (15) PICK-UP DATE Z CAD028277036 EPA NO. 13419 Halldale Avenue PHONE NO (213) 321-1392 Gardena, California 90249 CITY, STATE, ZIP_ Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) QUANTITY (If Measured)_ (17) NAME HANDLING OR DISPOSAL METHOD: 19 STATE FEE (If Anv)_ ☐ Surface Impoundment Data and fill Land Treatment PHONE NO. ☐ Injection Well (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) ___ SHIPMENT: ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY (22) NAME

Signature of Authorized Agent and Title

OD LOUMS!

EPA NO.